# IDENTIFICATION OF A HORMONAL IMPLANT CANDIDATE

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| **DEFINITION** | The Hormonal Implant is a rod-like progestin-only implant used as a long acting, reversible contraceptive method. It is inserted into the subdermal tissue of the upper arm and slowly releases the hormone Etonogestrel for up to three years. Failure rates are fewer than 1 pregnancy per one hundred women per year. It may be possible that over time, the Hormonal Implant may be less effective for obese women, or women using medication which interferes with absorption of the Hormonal Implant**.** |
| **SUBJECTIVE** | Should include:<br>1. Medical, sexual and contraceptive history, as appropriate.<br>2. LMP<br>3. Documentation of no unprotected intercourse in the last 7 days.<br>4. No allergy to the anesthesia used.<br><br>Should exclude:<br>1. Any conditions listed as Category 4 from the CDC Medical Eligibility Criteria. |
| **OBJECTIVE** | Should include:<br>1. BP. Obtain MD consult if BPS ≥ 160 or BPD ≥ 100 mm Hg. (for implant and injection).<br>2. Weight, BMI (obesity is not a contraindication to any progestin-only method. The efficacy of implants and injections is not affected by patient weight.)<br>3. Age appropriate physical examination, yearly. |
| **LABORATORY** | May include:<br>1. STD screening, as appropriate.<br>2. Negative sensitive urine pregnancy test (UCG) only if patient has unexplained irregular or delayed menses or symptoms of pregnancy. Routine pregnancy testing is unwarranted.<br>3. Other lab work, as indicated. |
| **ASSESSMENT** | Hormonal Implant Candidate |
| **PLAN** | 1. Explain risks and benefits of implants. Counsel about bleeding changes that may be expected.<br>2. Obtain informed consent using Implant Consent form and provide a copy of consent to patient.<br>3. Place implant according to manufacturer's instructions.<br>4. Verify placement of implant.<br>5. Provide post-placement instructions and precautions.<br>6. Document a placement procedure note.<br>7. No backup method is needed if implant placed at any of the following times:<br>a. During first 5 days of menses, or bleeding while on a contraceptive method.<br>b. Less than 21 days postpartum.<br>c. If exclusively breastfeeding, and amenorrheic in the first 6 months following delivery,<br>8. Advise abstinence or back-up contraception for 7 days in the following instances:<br>a. When switching from another hormonal contraception and not currently bleeding, advise/consider maintaining use of |

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| | other form for 7 days after implant insertion.<br>b. If a patient is switching from an IUD, has had intercourse in the last 5 days, and is unable or unwilling to return in 7 days for IUD removal, provide Levonorgesteral ECP's (not Ulepristol) at the time of removal.<br>c. Within 7 days of first trimester pregnancy loss.<br>d. Greater than 21 days after second or third trimester pregnancy loss or delivery. |
| **CLIENT EDUCATION** | 1. Counsel patients on changes in menstrual bleeding, treatment options if bleeding persists, and signs of heavy bleeding.<br>2. Reinforce safe sex, as indicated.<br>3. Recommend RTC as appropriate, or prn for problems, and age appropriate preventative health examinations.<br>4. Instruct patient on proper care and inspection of insertion site area. |
| **CONSULT / REFER TO PHYSICIAN** | 1. Refer if any difficulty with insertion of the Hormonal Implant rod.<br>2. Any client with Category 3 conditions from M.E.C. who desires implant. |

Revised ~~02/11 3/14~~ 8/16


1. http://www.nexplanon.com/en/consumer/main/prescribing-information/3/2014
2. Whcc.labiomed protocol: Systemic Progestin Only Contraceptive Methods: Identification of Candidate for Initial Start or Restart (Reviewed 3/14)
3. Hatcher, R. A. Trussell, J., Nelson, A.L., Cates, W., Kowal, D., Policar, M. (2011) Contraceptive Technology. (20th revised ed.). pp. 193-203. Ardent Media New York.
4. Centers for Disease Control and Prevention (CDC). U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR Recomm Rep. 2016;65(3): 1-104. Available at: http://www.cdc.gov/mmwr/pdf/rr/rr59e0528.pdf.
5. Centers for Disease Control and Prevention (CDC). U.S. Selected Practice Recommendations for Contraceptive Use, 2016: MMWR Recomm Rep. 2016/65;(4):1-66